

## **CITY OF TUCSON**

OFFICE OF THE CITY CLERK

## **CAMPAIGN FINANCE ADMINISTRATION REPORT RECEIPT**

Primary Election – September 1, 2009 General Election – November 3, 2009

		F CANDIDATE FILING REPORT			
For _		DeCamp Campaign			
for		(Name of Political Committee)  Mary DeCamp	who is	a cand	idate for the
_		(Name of Candidate, when applicable)			
of _	Cou	ncil Member Ward 3 Political Party Green	ID	#	09-156-CT
		OR			
	CANDIDATE \$500 THRESHOLD EXCEPTION STATEMENT				
		for Mary De Camp (Name of Candidate)			
		who is a Candidate for the Office of			
	Political Party Contract				
		Political Committee Statement of Organization #		ПО	riginal <i>or</i>
		1 ontical Committee Statement of Organization "			mended
					monada
CAM	PAIG!	N FINANCE REPORT:		9	0
		State Campaign Finance Report (Filed on or before February 2, 2009)	CH		<b>₩</b>
		State Campaign Finance Report (Filed on or before June 30, 2009)	OFFICE OF CLER	园	RECEIVED
	_		高品	2	A E
		State Pre-Primary Election Report (Filed on or before August 20, 2009)	翠玉	CU CU	026
		State Post-Primary Election Report (Filed on or before October 1, 2009)		(ii)	2
		State Pre-General Election Report (Filed on or before October 22, 2009)			
		State Post-General Election Report (Filed on or before December 3, 2009)			
		Political Committee No Activity Statement (Report date of:			)
		Termination Statement (Final report must be included if not previously file	ed)		
		Other			
		Signature Deputy City  12/23/200		,	<u>,                                    </u>



## STATE OF ARIZONA POLITICAL COMMITTEE

For Office Use Only CITY OF TUCSON

## **TERMINATION STATEMENT**

A.R.S. §16-914; A.R.S. § 16-915.01

11.1.1.5. § 10 51 1,11.1.1.5. § 10 515.01							
1. De Camp Campaign Full Name of Committee 3501 N Santa Rita							
Full Name of Committee	2 9						
2501 A) Sonto Rita	27 22						
Address	RECEI RECEI						
Address  TUCSON AZ B57 19  City Zip Code Phone #  2. Mary De Camp De Camp Campaignal Sponsoring Organization or Candidate and Office E-Mail Address	2						
1 WCSON HZ B57 17							
City Zip Code Phone #	RE 3 08						
2. Mary De Camp De Camp Campaigna	gmail.com						
Sponsoring Organization or Candidate and Office E-Mail Address	Fax# 3. ID#						
	09-156-CT						
SELECT THE BOXES THAT APPLY:							
A. This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated							
above have been reported as required by A.R.S. § 16-913. We further certify that the political committee will no longer							
receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and							
that any surplus monies have been disposed of pursuant to A.R.S. § 16-915	.01.						
Please mark the appropriate statement below to indicate which campaign fi	Please mark the appropriate statement below to indicate which campaign finance report states the disposition of any						
surplus monies.							
The disposition of surplus monies was submitted on the campaign	finance report filed on						
12-2-0	ÿ.						
The disposition of surplus monies is reported on the attached cam	paign finance report.						
	an em a idad a						
B This committee hereby terminates all activity within the jurisdiction of the intends to remain active in other jurisdictions and that the committee's rem							
other jurisdictions.	anning moines shall be used for activity in						
C. This committee has transferred the committee's debts and obligations to a	subsequent committee.						
	•						
Please enter the full name and ID# of the committee into which debts and obligations have been transferred.							
	»						
Name of Committee	ID#						
Carl Market age							
We, Non De Cam Gail M. Winterkorn, certify under penalty (Name of Chairman and Treasurer - Printed)							
A A A A A A A A A A A A A A A A A A A							
of perjury that this statement of termination pursuant to A. R. S. § 16-914 is true and complete.							
May Well a							
Signature of Chairman Signature of Treasurer							
51guature of Chanthan							